PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 30 AM 11: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000040407

1. Limited Liability Company's Name

SMOOTH CONSTRUCTION, LLC

700162922637
11/18/09--01028--016 **277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

271 Pine Log Street

Suite, Apt. #, etc.

City & State

Freeport FL

Zip 32539   Country Walton

3. Mailing Office Address

271 Pine Log Street

Suite, Apt. #, etc.

City & State

Freeport FL

Zip 32439   Country Walton

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida 5/27/04

6. FEI Number 20-1181275   Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Brad Congleton CPA, Inc

Street Address (P.O. Box Number is Not Acceptable) 50 Uptown Grayton Circle

Suite, Apt. #, Etc. 15

City Santa Rosa Beach   State FL   Zip Code 32459

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____   Date 11/16/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	MICHAEL RAYBOURN	271 Pine Log Street	Freeport FL 32439
	REINSTATEMENT 08-09 AL		

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____   Date 11/16/09   Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____